

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09808610</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">03/14/01</div>		
APPLICANT(S)										
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	*	*	*	*
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TOTAL IND.	3									
TOTAL DEP.	32									
TOTAL CLAIMS	35									
TOTAL IND.										
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TOTAL CLAIMS										

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS

FORM PTO-1360 (REV. 3-78)

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